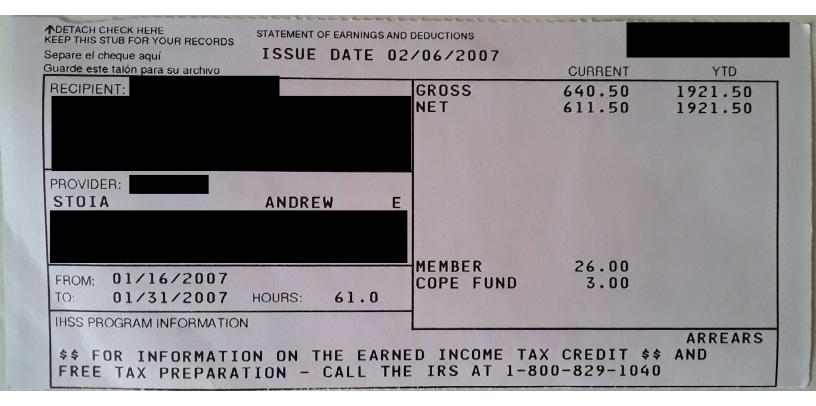
EXHIBIT A



ISSUE DATE: 01/05/2017 Please contact your local IHSS county office for PAYMENT questions. Recipient STOIA CONCETTA Payee/Provider STOIA ANDREW E Timesheet # Service Period: 12/16/16 to 12/31/16 Process Date: 01/03/17 YTD Deductions Current 19.56 Federal 19.56 Pay Rate: 11.50 . 00 Addt Federal . 00 Hours Submitted M 08 H 086 State . 00 . 00 Hours Not Paid H 008 M 26 . 00 Addt State . 00 Total Hours Paid H 077 M 42 . 00 FICA . 00 . 00 Medicare . 00 M 00 Travel Hours H 000 . 00 . 00 SDI/DIEC M 00 Overtime Hours H 000 . 00 . 00 Share of Cost . 00 .00 Recovery Current YTD . 00 Lien .00 893.55 893.55 Regular * . 00 .00 Health . 00 . 00 30.66 30.66 Adjustment Dues . 00 . 00 .00 . 00 Health Trust Travel 3.00 3.00 . 00 . 00 COPE/PEOPLE Overtime .00 . 00 Initiation 35.86 35.86 Other Insurance 893.55 893.55 Total Gross 89.08 89.08 **Total Deductions** 804.47 **Net Pay** 804.47

^{*} Includes Overtime Hours at regular rate.